

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/560890

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		2				
4	/					
5	/					
6	2					
7	2					
8	1					
9	1					
10	/					
11	①					
12	/					
13	/					
14	/					
15	/					
16	/					
17	/					
18	/					
19	/					
20	/					
21	/					
22	/					
23	/					
24	12					
25	⑧					
26	⑧					
27						
28	/					
29	1					
30	2					
31	2					
32	2					
33	2					
34	2					
35	2					
36	2					
37	①					
38		1				
39			1			
40				/		
41				/		
42				/		
43				/		
44				1		
45				1		
46				1		
47				1		
48				1		
49				1		
50				1		
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51					/	
52					/	
53					/	
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55					/	
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97						
98						
99						
100						
TOTAL IND.					2	
TOTAL DEP.					35	
TOTAL CLAIMS					37	